

Health Related Boards Name and Address Change Request

You are required to notify the board within thirty (30) days of changing your name and/or address. If you are changing your name, you must submit a copy of the legal document that changes your name (i.e. marriage certificate, divorce decree or court order). Licensee's mailing and practice addresses are available to the public. There are several ways to change your name and/or address:

1. Print, complete, and mail the form to:
Board of (specify the name of your board)
665 Mainstream Drive
Nashville, TN 37243
2. Using the form as your guide, e-mail the information to us at tn.health@tn.gov
3. You can change your address online at <https://apps.tn.gov/hlrs/>. You cannot change your name online.
4. Print, complete, and fax the form to the fax number that applies to your profession:

615-741-7899 for:

Advanced Practice Nurse

Registered Nurse

Licensed Practical Nurse

615-253-4484 for:

Acupuncture

ADS

Clinical Perfusionist

Genetic Counselor

Medical Doctor

Medical X-Ray Operator

Midwifery

Orthopedic Physicians Assistant

Osteopathic Physician

Osteopathic X-Ray Operator

Physician Assistant

Polysomnography

Radiology Assistant

615-532-5369 for:

Advanced Practice Social Worker

Alcohol and Drug Abuse Counselor

Audiologist

Baccalaureate Social Worker

Certified Marital and Family Therapist

Certified Professional Counselor

Chiropractic Physician

Chiropractic Therapy Assistant

Chiropractic X-Ray Technologist

Clinical Pastoral Therapist

Dispensing Optician

Dispensing Optician Apprentice

Hearing Instrument Specialists

Hearing Instrument - Apprentice

Licensed Marital and Family Therapists

Licensed Masters Social Worker

Licensed Professional Counselors

Optometrist

Orthotist

Pedorthist

Podiatrist

Podiatric X-Ray Operator

Prosthetist

Psychologist

Psychological Examiner

Psychological Assistant

Speech Language Pathologist

Speech Pathologist Assistant

615-253-8724 for:

Athletic Trainer

Certified Respiratory Care Assistant

Dietitians and Nutritionist

Electrologist

Electrology School

Licensed Certified Respiratory Therapist

Licensed Registered Respiratory Therapist

Nursing Home Administrator

Occupational Therapist

Occupational Therapy Assistant

Physical Therapist

Physical Therapy Assistant

Reflexologist

615-770-7444 for:

Dental Assistant

Dental Hygienist

Dentist

615-532-5164 for:

Certified Animal Chemical Capture Technician

Certified Animal Euthanasia Technician

Massage Therapist

Veterinarian

Veterinary Medical Technician

615-741-2722 for:

Pharmacist

Pharmacy Technician

Medical Service Representative

615-248-3601 for:

Certified Nurse Aide

615-253-8724 for:

Medical Laboratory Personnel



**TENNESSEE DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
NAME & ADDRESS CHANGE REQUEST**

665 Mainstream Drive
Nashville, TN 37243
615-532-3202 (Local) or 1-800-778-4123 (Toll Free)
<http://health.state.tn.us/providers.htm>

Select the profession/occupation for which you hold a license, certificate, or registration. **NOTE: Submit a separate form for each license, certificate or registration that you hold.**

- | | | |
|---|--|--|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Dispensing Optician-Apprentice | <input type="checkbox"/> Orthotist |
| <input type="checkbox"/> ADS | <input type="checkbox"/> Electrologist | <input type="checkbox"/> Osteopathic Physician |
| <input type="checkbox"/> Advanced Practice Nurse | <input type="checkbox"/> Electrology School | <input type="checkbox"/> Podiatrist |
| <input type="checkbox"/> Advanced Practice Social Worker | <input type="checkbox"/> Genetic Counselors | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Alcohol & Drug Abuse Counselor | <input type="checkbox"/> Hearing Aid Specialist | <input type="checkbox"/> Pharmacy Technician |
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Hearing Aid Specialist-Apprentice | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Licensed Clinical Social Worker | <input type="checkbox"/> Physical Therapist Assistant |
| <input type="checkbox"/> Baccalaureate Social Worker | <input type="checkbox"/> Licensed Marital & Family Therapist | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Certified Animal Chemical Capture Technician | <input type="checkbox"/> Licensed Masters Social Worker | <input type="checkbox"/> Podiatrist |
| <input type="checkbox"/> Certified Animal Euthanasia Technician | <input type="checkbox"/> Licensed Practical Nurse | <input type="checkbox"/> Podiatric X-Ray Operator |
| <input type="checkbox"/> Certified Marital & Family Therapist | <input type="checkbox"/> Licensed Professional Counselor | <input type="checkbox"/> Polysomnography |
| <input type="checkbox"/> Certified Nurse Aide | <input type="checkbox"/> Licensed Certified Respiratory Therapist | <input type="checkbox"/> Prosthetist |
| <input type="checkbox"/> Certified Professional Counselor | <input type="checkbox"/> Licensed Registered Respiratory Therapist | <input type="checkbox"/> Psychological Assistant |
| <input type="checkbox"/> Certified Respiratory Care Assistant | <input type="checkbox"/> Massage Therapist | <input type="checkbox"/> Psychological Examiners |
| <input type="checkbox"/> Chiropractic Physician | <input type="checkbox"/> Medical Doctor | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Chiropractic Therapy Assistant | <input type="checkbox"/> Medical X-Ray Operator | <input type="checkbox"/> Radiology Assistants |
| <input type="checkbox"/> Chiropractic X-Ray Technologist | <input type="checkbox"/> Medical Laboratory Personnel | <input type="checkbox"/> Reflexologist |
| <input type="checkbox"/> Clinical Perfusionist | <input type="checkbox"/> Medical Service Representative | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Clinical Pastoral Therapist | <input type="checkbox"/> Midwifery | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Dental Assistant | <input type="checkbox"/> Nursing Home Administrator | <input type="checkbox"/> Speech Pathologist Assistant |
| <input type="checkbox"/> Dental Hygienist | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Veterinarian |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Occupational Therapy Assistant | <input type="checkbox"/> Veterinary Medical Technician |
| <input type="checkbox"/> Dietitian/Nutritionists | <input type="checkbox"/> Optometrist | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Dispensing Optician | <input type="checkbox"/> Orthopedic Physicians Assistant | |

SSN: _____

License, Certificate or Registration Number: _____

[PRINT OR TYPE ALL INFORMATION]

NAME CHANGE - T.C.A. § 63-1-106 - Personal name change requests must be accompanied by a copy of the legal document which verifies the name change (marriage license, divorce decree, court order).

New Name: [First] _____ [Middle] _____ [Last] _____

Former Name: [First] _____ [Middle] _____ [Last] _____

MAILING ADDRESS CHANGE - T.C.A. § 63-1-108(c) – THIS WILL BE USED AS YOUR MAILING ADDRESS FOR THE PURPOSE OF BOARD MAILINGS. BOARD RECORDS ARE PUBLIC RECORD PURSUANT TO T.C.A. § 10-7-503.

Old Street Address: _____ City, State, Zip Code: _____

New Street Address: _____ City, State, Zip Code: _____

PRACTICE ADDRESS CHANGE – This will be also be used for the purpose of your practitioner profile if you are required to provide a profile.

Old Street Address: _____ City, State, Zip Code: _____

New Street Address: _____ City, State, Zip Code: _____

TELEPHONE NUMBER CHANGES: Home (_____) _____ Work (_____) _____

EMAIL ADDRESS CHANGE: _____

Signature _____

Date _____

Print Name: _____